

FILED MAY 15 1944

Registration District No. 10

Primary Registration District No. 4496

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbyville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days) Life

3. (a) PRINT FULL NAME ELMER MANGOLD

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Mangold
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov-20-1890
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 22 If less than one day — hr. — min.

9. Birthplace Shelby Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Methodist Minister

11. Industry or business

12. Name George Mangold
13. Birthplace Shelby Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Catherine Douglas
15. Birthplace Shelby Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Mangold
(b) Address Jefferson City Mo

17. (a) Burial (b) Date thereof Apr-14-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Local Cemetery

18. (a) Signature of funeral director E.P. Thompson

(b) Address Shelbyville Mo

19. (a) Apr-14-44 (b) Wadde Gooch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby
(c) City or town Shelbyville
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 12
year 1944 hour 2:00 minute 00 A.M.

21. I hereby certify that I attended the deceased from Mar 23, 1944 to Apr 12, 1944
that I last saw him alive on Apr 11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion - 20 day
Duration

Due to Arterio Sclerosis of Coronary Artery
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature P.C. Prather (M. D. certificate)
Address Shelbyville Mo Date signed 4-12-44

1095

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 5-44-997

Date Filed MAY 12 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Myself, Registered Apprentice No.....
working under my personal supervision.

Signed.....

E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.